. 04/18/2002 15:22 02/26/2002 20:57 7033855080

70338550

KEATING & BENNETT KEATING & BENNETT

PAGE 03/04 PAGE 05/13

Please type a plus sign (+) inside this box — X

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control sumber.

REVOCATION OF POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number	09/973,600
Filing Date	October 9, 2001
First Named Inventor	Jun TABOTA
Group Art Unit	2834
Examiner Name	Unknown
Attorney Docket Number	36856.639

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:
A Power of Attorney or Authorization of Agent is submitted herewith.
OR .
Please change the correspondence address for the above-identified application to:
Customer Number Customer Number Customer Number
OR Label Neve
Firm or Individual Name
Address
Address
City
Country State ZIP
Telephone Fax
I am the:
Applicant/inventor.
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record
Name Mr. Michihiro MURATA, Ph.D
Signature McMmmdg
Date 02/27/2002
NOTE: Signatures of all the inventors or assignaes of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.
Total offorms are submitted.

Burdan Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

	 	- [37

PTO/SB/61 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1895, no persons are required to respond to a collection of information unless it display a velid OMS control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/973,600
Filing Date	October 9, 2001
First Named Inventor	Jun TABOTA
Trie	Acceleration Sensor
Group Ari Unit	2834
Examiner Name	Unknown
Attorney Docket Number	36856.639

Practitioners at Customer Number Name Name Name Registration Number Inseph R. Keating Christopher A. Bennett Ado,710 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR Practitioners at Customer Number OR Immor Individual Name KEATING & BENNETT, LLP Address 10400 Baton Place Address Suite 312 City Pairfax State VA Zip 22030 FR Country U.S.A. Telephone (703) 385-5200 Fax (703) 385-5080 FR Signature Applicant/inventor. Signature Date Date Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple torms if more then one signature is required, see below.	l hereby appo	int		-							e Cust	-		
Name		ners at C	ustomer Nu	mber [– ز_		>	,			ke	
Address Suite 312 City Fairfax State VA Zip 22030 Address Suite 312 City Fairfax State 312 Country U.S.A. Telephone (703) 385-5200 Fax (703) 385-5080 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SBI98). Signature Date NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple towns in more than one signature is required, see below.		rer(s) nai	ned below:		·									.
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number. Please Customer Number Place REATING & BENNETT, LLP Address 10400 Eaton Place Address Suite 312 City Fairfax State VA Zip 22036 37 Country U.S.A. Telephone (703) 385-5200 Fax (703) 385-5080 Fax (703) 385-5080 I am the: Applicant/inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96). SIGNATURE of Applicant or Assignee of Record Name Mr. Michihiro MURATA, Ph.D Signature Date NOTE: Signatures of all the Inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple terms if more then one signature is required, see below.									strati	on No	ımber		_	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. Practitioners at Customer Number. Practitioners at Customer Number. Address 10400 Eaton Place Address Suite 312 City Fairfax State VA Zip 22036 X7 Country U.S.A. Telephone (703) 385-5200 Fax (703) 385-5080 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Mr. Michihiro MURATA, Ph.D Signature Date NOTE: Signatures of all the inventors or sasigness of record of the entire interest or their representative(s) are required. Submit multiple torms if more then one signature is required, see below.	ع تب	seph	R. Keat	ing			-							
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Number Ber Code Label here REATING & BENNETT, LIP Address 10400 Eaton Place Address Suite 312 City Fairfax State VA Zip 22036 Address Country U.S.A. Telephone (703) 385-5200 Fax (703) 385-5080 The applicant/Inventor. XX Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Mr. Michihiro MURATA, Ph.D Signature Date NOTE: Signatures of all the Inventors or assignees of record of the entire Interest or their representative(s) are required. Submit multiple torms if more then one signature is required, see below.	.ch	risto	pher A.	Benne	tt		46	,710					_	
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Number Ber Code Label here REATING & BENNETT, LIP Address 10400 Eaton Place Address Suite 312 City Fairfax State VA Zip 22036 Address Country U.S.A. Telephone (703) 385-5200 Fax (703) 385-5080 The applicant/Inventor. XX Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Mr. Michihiro MURATA, Ph.D Signature Date NOTE: Signatures of all the Inventors or assignees of record of the entire Interest or their representative(s) are required. Submit multiple torms if more then one signature is required, see below.														l
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Number Ber Code Label here REATING & BENNETT, LIP Address 10400 Eaton Place Address Suite 312 City Fairfax State VA Zip 22036 Address Country U.S.A. Telephone (703) 385-5200 Fax (703) 385-5080 The applicant/Inventor. XX Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Mr. Michihiro MURATA, Ph.D Signature Date NOTE: Signatures of all the Inventors or assignees of record of the entire Interest or their representative(s) are required. Submit multiple torms if more then one signature is required, see below.	جيال ر			···			L							- 1
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Number Bar Code Label here REATING & BENNETT, LLP Address 10400 Eaton Place Address Suite 312 City Fairfax State VA Zip 22036 Country U.S.A. Telephone (703) 385-5200 Fax (703) 385-5080 THER Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SiGNATURE of Applicant or Assignee of Record Name Mr. Michihiro MURATA, Ph.D Signature Date Date Date OCCUPATION OF TRANSION	as my/our attor business in the	ney(s) or United S	agent(s) to	prosecute t and Trac	the appl temark O	ication ide	entific ecte	d abov	ve, a with.	nd to	trans	act al	l	
The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address 10400 Eaton Place City Fairfax State VA Zip 22036 Andress Country U.S.A. Telephone (703) 385-5200 Fax (703) 385-5080 Fax Telephone I am the: Applicant/Inventor. XX Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Signature Date Name Mr. Michihiro MURATA, Ph.D Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.														
Practitioners at Customer Number OR X Firm or Individual Name KEATING & BENNETT, LLP														
Practitioners at Customer Number OR X Firm or Individual Name KEATING & BENNETT, LLP Address 10400 Eaton Place Address Suite 312 City Fairfax State VA Zip 22036 37 Country U.S.A. Telephone (703) 385-5200 Fax (703) 385-5080 72 I am the: Applicant/Inventor. XX Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Mr. Michihiro MURATA, Ph.D Signature Date Date Date NOTE: Signatures of all the Inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more then one signature is required, see below*.	_													
Address 10400 Eaton Place Address Suite 312 City Fairfax State VA Zip 22036 M Country U.S.A. Telephone (703) 385-5200 Fax (703) 385-5080 I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Mr. Michihiro MURATA, Ph.D Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature la required, see below.		irs at Cus	tomer Numi	ber				>						
Address 10400 Eaton Place Address Suite 312 City Fairfax State VA Zip 22036 31 Country U.S.A. 700 Fax (703) 385-5080 I am the: Applicant/Inventor. Fax Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Signature Mr. Michihiro MURATA, Ph.D Signature Date Note: Signature of signature is required, see below.														
Address Suite 312 City Fairfax State VA Zip 22036 To Country U.S.A. Telephone (703) 385-5200 Fax (703) 385-5080 To Country Telephone (703) 385-5080 To Country Telephone (703) 385-5200 Fax (703) 385-5080 To Country Telephone (703) 385-5080 T		ame	KEATIN	IG & BI	ENNETT	, LLP	-e · · ·							
City Fairfax State VA Zip 22036 33 Country U.S.A. 67 Telephone (703) 385-5200 Fax (703) 385-5080 72 I am the: Applicant/Inventor. 72 Assignee of record of the entire interest. See 37 CFR 3.71. 8 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). 8 SIGNATURE of Applicant or Assignee of Record Name Mr. Michihiro MURATA, Ph.D Signature Date 07/12/2002 NOTE: Signatures of all the inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Address		10400	Eaton	Place	<u> </u>							-	
Telephone (703) 385-5200 Fax (703) 385-5080 I am the: Applicant/Inventor. Applicant/Inventor. Signature of Applicant or Assignee of Record Name Mr. Michihiro MURATA, Ph.D Signature Office of a signature of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Address													
Telephone (703) 385-5200 Fax (703) 385-5080 C2 am the:	City		Fairfa	X			State	VA		1	Zip	22		ــــــــــــــــــــــــــــــــــــــ
Telephone (703) 385-5200 Fax (703) 385-5080 2 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Mr. Michihiro MURATA, Ph.D Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Country					· · · · · · · · · · · · · · · · · · ·							<u> </u>	
Name Mr. Michihiro MURATA, Ph.D Signature Date NOTE: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Telephone		(703)	385-5	200	<u>i f</u>	ax	(70	3)	385	<u>-50</u>	80		2
Name Mr. Michihiro MURATA, Ph.D Signature Date NOTE: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	I am the:												2	25
Name Mr. Michihiro MURATA, Ph.D Signature Date NOTE: Signatures of all the inventors or assignass of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Applica:	nt/Invent	or.										E	2
Name Mr. Michihiro MURATA, Ph.D Signature Date NOTE: Signatures of all the inventors or assignass of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Earl Assisses		است ستألف كاست است	Nee Interes	. 0 0								~ ~	,
Name Mr. Michihiro MURATA, Ph.D Signature Date NOTE: Signatures of all the inventors or assignass of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	XX Assigne	e oi recc	37 CFR 3.7	ure interes 73/h) is en	st. 5ee 37 Iclosed. (1	Form PTC	1. 7/58/	9 <i>8</i>)					č	
Name Mr. Michihiro MURATA, Ph.D Signature Date NOTE: Signatures of all the Inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.													· · · ·	,
Signature Date NOTE: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		7					V () ()	120010						
Date O2/22/22 NOTE: Signatures of all the inventors or assignaes of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Name	Mr.	Michihi	ro MU	RATA,	Ph.D								
NOTE: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Signature	M	- 21h		-	>								
torms it more than one signature is required, see below."		0	2/20	1200	2_									
	NOTE: Signatures of a forms if more than one	il the inven	tors or assigne a required, sec	es of record below*.	of the entir	re interest o	r their	represe	ntative	e(s) are	requir	ed. Su	bmit mul	tiple
purion Hour Statement: This form is artimored to take 2 misures to several to The utilities of the state and the s	☐ *Total of	for	ms are submitt	ed.										

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Weshington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Weshington, DC 20231.

'02年04月18日(木) 09:25 宛先 KEATING*BENNETT

P02/06

PTO/SB/96 (09-00)
Approved for use Groups 10/31/2003, ONE 0531-0031
U.S.Palent and Trademyrk Office) U.S. DEPARTMENT OF COMULERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unitess it displays a valid OMB control number.

	STATEMENT UNDER 37 CFR 3.73(b)
Appli	cant/Patent Owner: Jun TABOTA
Appli	cation No./Patent No.: 09/973,600 Filed/Issue Date:October 9, 2001
Entiti	ed: Addeleration Sensor
Mur	ata Manufacturing Co., a Corporation
	(Name of Assignes) Litd. (Type of Assignes, s.g., corporation, partnership, university, government agency,
state	s that it is:
1, 🗷	the assignee of the entire right, title, and interest; or
	an assignee of less than the entire right, title and interest. The extent (by, percentage) of its ownership interest is
in the	patent application/patent identified above by virtue of either:
A. [k] OR	An assignment from the inventor(s) of the patent application/patent identified above. The assignment recorded in the United States Patent and Trademark Office at Real Frame 012541 0223 or which a copy thereof is attached.
B. [ˈ]	A chain of title from the invantor(s), of the patent application/patent identified above, to the current assignee as shown below: 1. From:
	To: The document was recorded in the United States Patent and Trademark Office at
	Reel, Frame, or for which a copy thereof is ettached.
	2. From:
	To: The document was recorded in the United States Patent and Trademark Office at Reel, or for which a copy thereof is attached.
	3. From:
	Reel, Frame, or for which a copy thereof is attached
	[] Additional documents in the chain of title are listed on a supplemental chart
rec	pres of assignments or other documents in the chain of little are attached. 21E: A separate copy (i.e., the original assignment document or a true copy of the original document of a true copy of the original document be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be orded in the records of the USPTO. See MPEP 302.081
e und	dereigned (whose title is supplied below) is authorized to act on behalf of the assignee.
	Date MICHIALTO MUTAta, Ph D
	Date Mr. Michthiro Murata, Ph.D Typed or printed name Signature
	Date MICHIALTO MUTAta, Ph D